



## Office of Maternal and Child Health

### OMCH Sections

- OMCH Administration
- MCH Assessment (MCHA)
- Child and Adolescent Health (CAH)
- Children with Special Health Care Needs (CSHCN)
- Genetic Services Section (GSS)
- Immunization Program CHILD Profile (IPCP)
- Maternal and Infant Health (MIH)

OMCH programs work in close partnership with federal, state, and local agencies and consumers to promote effective health policies and quality systems of care.

### Building Public Health Infrastructure and Capacity

OMCH programs contract with local health agencies, community-based organizations, universities, hospitals, direct service providers, family organizations, and other agencies and organizations. Together we deliver health care services, develop health education materials, collect data, develop policies, and develop systems to improve public health.

### Title V Maternal and Child Health Block Grant

The federal Title V Maternal and Child Health Block Grant (MCHBG) is a major source of funds for state and local MCH programs and activities. Since 1935, the MCHBG has provided money to states to improve the health, safety, and well-being of women and children.

Washington State's block grant application and annual report can be viewed online at <http://mchb.hrsa.gov/>.

The Office of Maternal and Child Health (OMCH) works to protect and improve the health of people in Washington with a focus on women, infants, children, adolescents, and their families.

### OMCH Priorities

- Adequate nutrition and physical activity
- Lifestyles free of substance use and addiction
- Optimal mental health and healthy relationships
- Reduce health disparities in the MCH population
- Safe and healthy communities
- Healthy physical growth and cognitive development
- Sexually responsible and healthy adolescents and women
- Access to preventive and treatment services for the maternal and child population including access to dental care
- Quality screening, identification, intervention, and care coordination

### Outcomes and Benefits

- Providers and parents receive age-specific health and development information to help them make informed decisions about the safety, health care, and well-being of women, infants, children, and teens.
- More infants, children, and adolescents receive immunizations and other health care in medical homes.
- Families are included as essential participants in policy development, planning, and training.
- Local health agencies increase their abilities to perform public health functions such as assessments and policy development related to child and adolescent health.

### 2005—07 Funding

Funding for OMCH is provided by the state and federal governments. Funding sources include the State General Fund and Health Services Account, the CDC Immunization Grant (Title 317), Federal Vaccines for Children (VFC) Program, Maternal and Child Health Block Grant (Title V), Title XIX (Medicaid), and public partnerships.

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### Outcomes and Benefits continued

- Vaccine-preventable disease outbreaks are prevented and the spread of vaccine-preventable diseases is controlled.
- Women receive information about healthy behaviors before, during, and after pregnancy and more women receive prenatal services.
- Infant death rates have dropped over the past few years.
- MCH programs and others have access to data for program planning, evaluation, and policy development.
- Infants are screened for hearing loss and receive related services if needed through hospital-based universal newborn hearing screening programs and a statewide tracking and surveillance system.
- The number of unintended teen pregnancies is reduced.
- Children and adolescents have access to oral health promotion, screening, referral and sealant programs.

### Trends and Emerging Issues

- Promoting medical homes so children and adolescents receive the medical and non-medical services they need continues to be an important focus.
- There continues to be a need to use evidenced-based decision making at local and state levels and to develop standard evaluation methods.
- One in five Washington residents is affected with a disability yet little is known about how best to prevent secondary conditions such as bed sores, depression, or obesity.
- Addressing significant disparities among Native American, African-American, and low-income women, and teens remains important.
- Obesity and lack of physical activity continue to affect the health of children and adolescents.

## Maternal and Child Health Assessment Section

### Surveillance Facts

- Health care providers are required to report the diagnosis of nine specific birth defect conditions to the Department of Health. The list of reportable conditions includes abdominal wall defects, alcohol related birth defects, autism spectrum disorders, cerebral palsy, cleft lip and palate, Down syndrome, hypospadias/epispadias, and neural tube defects.
- The Pregnancy Risk Assessment Monitoring System (PRAMS) program surveys approximately 2,000 women each year between two to five months after they have given birth. Since 1995, over 18,000 women have completed a survey.
- In 2004, over 185,000 students from over 1,000 schools in Washington completed a Healthy Youth Survey (HYS).
- Twenty local Child Death Review teams systematically review the circumstances of unexpected deaths of children around the state, complete a standardized review form, and submit data to MCHA for analysis.

### MCH Title V Block Grant and Annual Report

Washington State's block grant application and annual report to the Maternal and Child Health Bureau, which includes data related to over 30 national performance measures and several state performance measures, can be viewed from the Maternal and Child Health Bureau website:

<http://mchb.hrsa.gov/>.

The Maternal and Child Health Assessment (MCHA) Section supports all programs in the Office of Maternal and Child Health (OMCH) through data assessment, surveillance, and program evaluation activities with the ultimate goal of improving health outcomes for the populations served by OMCH programs.

### Activities

- Conduct and coordinate primary surveillance in a number of areas:
  - Monitor the occurrence of major structural birth defects through the *Birth Defects Surveillance System*. Data from this activity are used to estimate the number of people with birth defects; inform and educate the public about the prevention of birth defects; and assist with early transition into care.
  - Collect and analyze *Child Death Review (CDR)* data from diverse community-based teams that review unexpected deaths to children.
  - Participate with the Centers for Disease Control and Prevention in the *Pregnancy Risk Assessment Monitoring System (PRAMS)* to survey new mothers between two and five months after they have given birth. The survey asks about maternal attitudes and experiences before, during, and immediately following pregnancy.
  - Collaborate with the Office of the Superintendent of Public Instruction (OSPI), the Department of Social and Health Service's Division of Alcohol and Substance Abuse (DASA), and the Office of Community Development to conduct the *Healthy Youth Survey*. MCHA coordinates all DOH assessment activities and serves as the liaison with the contractor, local health jurisdictions, and other interested parties on data related issues.
- Contribute data and information to the Maternal and Child Health Title V Block Grant and Needs Assessment application and report:
  - Conduct the Comprehensive 5-year Needs Assessment and Annual Interim Needs Assessment.

### 2005 – 07 Funding & Staffing

Funding for Assessment services comes from a variety of sources: State General Fund, MCH Block Grant (Title V), State Systems Development Initiative (SSDI), the CDC Immunization (317/VFC) Grant, CDC program grants (e.g. PRAMS) and Title XIX (Medicaid).

MCHA staff includes epidemiologists, research investigators, information systems technologists, interviewers, and office administrative support.

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### Activities continued

- Analyze data and forecast trends on national and state performance measures for the annual report.
- Administer the State Systems Development Initiative Grant from the Maternal and Child Health Bureau. The project focuses on the building of state and community infrastructure to improve MCH data capacity and linkages.
- Provide ongoing analyses of all datasets that describe health status, service capacity, and services provided to the MCH population.
- Contribute to investigations of birth defect clusters and other issues of concern to the MCH community.
- Conduct evaluations of programs within OMCH.
- Facilitate the integration of the collection, analysis, and dissemination of data that describe health status and services affecting MCH programs.

### Outcomes/Benefits

- The collection, analysis, and dissemination of data that describe the health status of and services affecting the maternal and child population are integrated.
- Health needs of the MCH population are addressed through evidenced-based program planning, evaluation, and policy development.
- Consistent resources and methods to support funding requirements are available to MCH programs.

### Trends and Emerging Issues

- In an effort to support research-based decision making at local and state levels, standardized indicators and measures must continue to be developed.
- Integrating data collected by each MCH program will benefit all programs.

## Child and Adolescent Health Section

### Healthy Child Care Washington

Healthy Child Care Washington (HCCW) promotes healthy development in child care and early learning programs through a statewide system that combines the efforts of child care providers, parents, educators, policymakers, medical providers, social agencies, and health professionals.

### Kids Matter

‘Kids Matter’ is a plan for building the early childhood system in Washington State. The early childhood system includes child care, medical homes, and early education programs.

### Teen Pregnancy Prevention Program

The Teen Pregnancy Prevention program supports community-based projects and a statewide abstinence-based public awareness program.

### Healthy Youth Survey

The *Healthy Youth Survey* is conducted once every two years in Washington state public schools in grades 6, 8, 10, and 12. The survey collects information about youth behaviors and health issues. Data are used by state agencies and community organizations to plan programs, monitor trends, and identify emerging adolescent health issues.

### Washington State Partnership for Youth

The Washington State Partnership for Youth is developing a statewide plan to improve adolescent health and youth development.

### Bright Futures Health Guidelines

CAH encourages health, social service, and education providers to use the Bright Futures health promotion materials and principles.

The Child and Adolescent Health (CAH) Section within the Office of Maternal and Child Health (OMCH) works to promote and protect the physical health, mental health, and overall development of individuals age 1-21 years.

### Activities

- Work with local public health agencies to provide advice and training on health, safety, and child development to child care centers serving infants and toddlers.
- Support state and community-based teen pregnancy prevention programs such as abstinence-based media campaigns, mentoring projects, and family planning services.
- Develop and distribute health-related data and information.
- Promote the use of ‘Bright Futures’ health guidelines and materials for providers and families. These include information about physical, oral, and mental health for children, adolescents, and their families.
- Coordinate with state and local partners to implement the *Kids Matter* plan.
- Promote mental health in child and adolescent health planning at the state and local level.

### Outcomes and Benefits

- Providers and parents receive age-specific health and development information, which assists them in making informed decisions about the safety, health care, and well-being of children and adolescents.
- Children and adolescents with health, nutrition, and behavioral problems are identified early and referred to the appropriate health services.
- Communities are better able to meet the health needs of children and adolescents.

### **Mental Health**

CAH works with other state and local agencies to raise awareness of public health's role in promoting mental health, preventing mental illness, creating opportunities for early intervention, and identifying and treating mental health challenges and mental illness in children, adolescents, and their families.

### **2005—07 Funding & Staffing**

Funding for CAH activities comes from a variety of sources including, the Maternal and Child Health Block Grant (Title V), other federal funds, foundations, and the State General Fund.

CAH staff represent the fields of public health administration, public health, nursing, social work, health education, and office administration.

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### **Outcomes and Benefits continued**

- The number of unintended teen pregnancies is reduced.
- Youth receive information for making informed choices about their behavior.
- Parents, care givers, and policymakers recognize that healthy, well developed children and adolescents are better prepared for early learning programs, school, and life long success.
- Local health agencies are better equipped and prepared to perform public health functions such as assessments and policy development related to child and adolescent health.

### **Trends and Emerging Issues**

- Improving access to primary health care for low-income children and adolescents is critical.
- Welfare reform policies have increased the demand for child care services. Technical assistance and monitoring are important to ensure the health and safety of children in child care settings.
- Influences during a child's early years are important to future learning, school readiness, and life long success.
- Obesity and lack of physical activity are growing problems for children and adolescents.
- Standard measures for child and adolescent health must be used to evaluate effectiveness.
- Public-private partnerships benefit activities of mutual interest.
- Web-based data collection systems increase the need for information technology resources.



## Children with Special Health Care Needs Section

### Facts from Washington

- About 17% of children ages 17 years and younger (approximately 260,000 children) have special health care needs.
- The number of children with special health care needs varies by sex, age, income, and race or ethnicity. The rate of children with special health care needs is higher among children older than age 5 years than among those aged less than 5 years. About 18% of boys have special health care needs compared to 17% of girls. Non-Hispanic white children are more likely to be classified as having a special health care need than Hispanic children.
- About 30% of children with special health care needs live in families with incomes less than 200% of the federal poverty level. This means that a family of four earns less than \$38,700 in one year.
- Families report that only 10% of youths with special needs between the ages 13 – 17 years receive the services they need to make transitions to adult life.

### CSHCN promotes comprehensive health care services through:

- Training health care providers;
- Developing care guidelines;
- Seeking and promoting parental involvement in program planning and health policy development; and
- Partnering with other state and community agencies to identify and address barriers to obtaining services.

The Children with Special Health Care Needs (CSHCN) Section within the Office of Maternal and Child Health (OMCH) promotes an integrated system of services for infants and children up to age 18 years who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and require health and related services of a type or amount beyond the usual for children.

### Activities

- Promote connections to high quality health services by working with public health nurses in local health jurisdictions, family organizations, and neurodevelopmental centers, and by collaborating with other programs and agencies, such as the Health & Recovery Services Administration (Medicaid), the Division of Developmental Disabilities, and the Office of Superintendent of Public Instruction.
- Identify emerging issues and initiatives, and inform and educate others about how these new issues may affect the CSHCN population through trainings and the development of health information and resources.
- Create opportunities for families to play a pivotal role in identifying and addressing health care issues for children with special health care needs by working with the Washington State Fathers Network, Parent to Parent, Family Voices, and other family organizations.
- Sustain and support work to collect, evaluate, and share data about access to primary care or specialty providers, the number of children with special health care needs, the use and cost of services, and inclusion of families.
- Identify and promote opportunities to work with other state agencies such as the Health & Recovery Services Administration, Work First, the Division of Mental Health, and the Office of Superintendent of Public Instruction to collect and share data relevant to quality assurance measures.

### Medical Home...

“An approach to providing health care services in a high-quality and cost-effective manner. Care is received from a pediatric health care professional whom the family trusts. Care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.”

-American Academy of Pediatrics

### 2005—07 Funding and Staffing

Funding for CSHCN activities comes from a variety of sources including, the Maternal and Child Health Block Grant (Title V), other federal funds, and the State General Fund.

CSHCN employees include a section manager, a family consultant, a nursing consultant, a nutrition consultant, an assessment coordinator, a budget coordinator, a program integration coordinator, and an administrative support person.

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### For information about services in local communities for children with special needs contact:

**ASK Line** (Answers for Special Kids): 1-800-322-2588 or 711/TTY

Or visit the Web site of **The Center for Children with Special Needs** at Children's Hospital & Regional Medical Center:

<http://www.cshcn.org/resources/Resourceguides.cfm>

### Outcomes and Benefits

- Timely and accurate information about children with special health care needs is available for decision-making related to program planning, policy development, and resource allocation.
- Families are included as essential participants in policy development, planning, and training.
- New and emerging health issues identified for children with special health care needs and their families are shared with local health jurisdictions and other CSHCN partners.
- Families, providers, health plans, and policy makers have consistent sources of information about services for children with special health care needs.

### Trends and Emerging Issues

- Access to primary care, care coordination, and specialty care continues to be a priority for the children with special health care needs and their families.
- Information and planning for adolescents who are moving from pediatric or child-focused services to adult services and opportunities continues to be less than optimal.
- Access to mental health services is a challenge for the increasing number of young children and adolescents with emotional, behavioral, or mental health needs.
- Promoting medical homes where children receive all medical and non-medical services to reach their full potential continues to be an important focus.
- Decreasing barriers for families to find needed information and to access a full array of services remains a priority.



## Genetic Services Section

### Working with Communities

Work with four local health jurisdictions fosters prevention of secondary conditions for people with disabilities through grass roots community mobilization and partnerships between the public and private sectors within the community.

Living Room Forums provided an opportunity for residents to discuss issues related to newborn screening, equal access to genetic services, and genetic discrimination.

### Genetic Service Utilization in Washington State

- Over 10,667 families received prenatal diagnosis and genetic counseling services at Washington's Regional Genetics Clinics in 2005.
- Pregnancy Risk Assessment and Monitoring System (PRAMS) data from 2003 indicate that 87.67% of pregnant women in Washington received counseling from their prenatal care provider regarding birth defects or genetic disorders.

The Genetic Services Section within the Office of Maternal and Child Health (OMCH) helps residents receive high quality genetic counseling, testing, evaluation, diagnosis, and treatment services. The Genetic Services Section is also responsible for evaluating genetic services, advising policymakers on genetic and disabilities issues, and making sure all infants born in Washington receive hearing screening and those with suspected hearing loss are referred for the services they need. The Genetic Services Section serves *all* Washington residents regardless of age, sex, or race/ethnicity.

### Activities

- Coordinate and monitor statewide genetic services to over 10,667 families each year.
- Inform and educate families, health care providers, the public, and others about genetic issues.
- Monitor state and federal legislation on genetic privacy, confidentiality, and genetic discrimination as well as participating in forums where these issues are discussed.
- Ensure that newborns are screened for hearing loss and receive diagnostic and intervention services as necessary.
- Prevent secondary disabling conditions among people with disabilities and promote active lifestyles within their communities.
- Work with local communities to increase awareness of disability issues.

### 2005 – 07 Funding & Staffing

Funding for services comes from a variety of sources including the State General Fund, the Maternal and Child Health Block Grant (Title V) and other federal grants, and Title XIX (Medicaid).

Genetic Services employees include a program manager, six health services consultants, and a secretary.

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### Outcomes/Benefits

- Regional Genetics Clinics provide high quality genetic services to Washington residents so that families with, or at-risk of, genetic disorders can benefit from the latest technology and can make informed decisions about their own health and/or their reproductive choices.
- Practitioners and families receive information from trained genetic health care service providers that helps them identify options and develop health plans to prevent or lessen illness.
- Infants are screened for hearing loss prior to 1 month of age, receive diagnosis by 3 months of age, and begin intervention by 6 months of age through hospital-based universal newborn hearing screening programs and a statewide tracking and surveillance system.

### Trends and Emerging Issues

- The growing identification of genes responsible for illnesses and the development of many new genetic tests are occurring faster than most health care practitioners' abilities to be knowledgeable about them and their potential benefits or limitations.
- Rapid advances in the field of genetics have outpaced efforts toward policy development and planning for an adequate workforce in the health care delivery system and public health arena creating the need for genetics education among multiple audiences.
- Genetic advances have resulted in a heightened concern for the privacy and confidentiality of genetic information as well as for the potential for genetic discrimination in the areas of employment and insurance.
- There is no formal mechanism in place for assessing the quality of clinical or laboratory genetic services.
- One in five Washington residents is affected with a disability yet little is known about how best to prevent secondary conditions such as bed sores, depression, or obesity.

## Immunization Program CHILD Profile Section

### Facts about Immunization Rates

Immunization rates are determined by measuring the percentage of children in a defined age group that have completed a specific series of vaccinations.

The *Healthy People 2010* goals are to achieve 90 percent immunization rates for individual vaccines and an 80 percent immunization rate for the vaccine series for 2 year olds.

Different vaccine series are used to calculate immunization rates for children aged 19 to 35 months. The following are Washington's rates compared to national rates for three common vaccine series for 2005:

- 4 DTaP, 3 Polio, 1 MMR (4:3:1 series)  
81.2% (WA rate) 83.1% (national rate)
- 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B (4:3:1:3:3 series)  
77.8% (WA rate) 80.8% (national rate)
- 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella (4:3:1:3:3:1 series)  
66.3% (WA rate) 76.1% (national rate)

The immunization rate for children entering school in 2005 was 94.9%. This rate is significantly higher than the overall immunization rate for 2 year olds.

### Approaches to Increasing Immunization Rates and Promoting Children's Health

- Conduct targeted activities such as an education campaign to increase the number of children who receive the fourth DTaP vaccination.
- Support immunization verification and documentation by school nurses and child care health consultations by using the CHILD Profile Immunization Registry (CPIR).

The Immunization Program CHILD Profile (IPCP) Section of the Office of Maternal and Child Health (OMCH) is committed to two primary goals: (1) preventing the occurrence and transmission of childhood, adolescent, and adult vaccine-preventable diseases and (2) ensuring that parents, health care providers, and state and local health agencies are working together to promote healthy families and increase use of preventive health care for children from birth to age 6 years.

### Activities

- Provide health care providers access to data and clinic-based assessments to improve immunization services and increase immunization rates.
- Ensure that public health workers have the information they need to protect the public from vaccine-preventable diseases.
- Perform population-based immunization assessment activities, including measuring immunization rates and identifying factors that contribute to under-immunization.
- Reach and maintain federal and state immunization goals.
- Maintain disease reporting and outbreak control activities.
- Distribute vaccines to public and private providers at no cost for children birth through age 18 years.
- Provide consultation, education, and technical assistance to nurses and support staff regarding clinical immunization practices, vaccine management, rash illness investigation, and outbreak control measures.
- Educate parents, adults, and health care providers about all aspects of immunizations.
- Provide parents of children age birth to 6 years with age-specific reminders about well-child checkups, immunizations, and information on health, development, nutrition, safety, and other parenting issues.

### 2005-07 Funding & Staffing

Funding for services comes from a variety of sources, including the State General Fund and Health Services Account, the CDC Immunization Grant (Title 317), Federal Vaccines for Children (VFC) Program, Maternal and Child Health Block Grant (Title V), Title XIX (Medicaid), public partnerships, and private grants.

Immunization Program CHILD Profile staff represent the fields of public health administration, nursing, health education, information systems administration, data and assessment, budget administration, and office administration.

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### Outcomes/Benefits

- Vaccine-preventable disease outbreaks are prevented and the spread of vaccine-preventable diseases is controlled.
- Long-term complications, medical care costs, and disease burden associated with vaccine-preventable diseases such as influenza and pneumonia in adults and high-risk populations are reduced.
- More immunizations are given in children's medical homes.
- Health care providers and public health workers receive the information they need to adequately immunize the children in their care, provide technical assistance, and appropriately distribute immunization resources.
- Parents receive age-specific health and development information, which assists them in making informed decisions about parenting practices and their children's health care.
- Public health programs have a method of getting age-specific information to parents of children age birth to 6 years.

### Trends and Emerging Issues

- Washington's immunization rates are increasing slowly but continue to be below the national average.
- Changes to both vaccine recommendations and manufacturing create fiscal and policy challenges. Specific issues include an increasing number of recommended vaccines per medical visit, licensing of new and/or combined vaccines, and increasing costs of vaccines.
- Access to care continues to be a problem for Medicaid eligible and uninsured populations.
- Health care provider participation in the Immunization Registry continues to increase. This is an important tool for providers to improve immunization rates.
- Limited government funds make it increasingly important to explore partnerships with private organizations to support activities of mutual interest.

## Maternal and Infant Health Section

### Health Status Indicators

Maternal and Infant Health activities focus on improving:

- Infant health;
- Maternal and preconception health;
- The number of infants born with a low birth weight;
- The number of women who use tobacco and drugs during pregnancy;
- The number of women experiencing unintended pregnancies;
- Early and continuous use of prenatal care;
- The number of women who breastfeed their infants;
- The number of infants receiving well-baby care and immunizations; and
- The number of women who experience violence before, during, and after pregnancy.

### First Steps

First Steps is jointly administered by the Department of Health (DOH) and the Department of Social and Health Services (DSHS). Ninety-three public and private entities including local public health, community and migrant health clinics, and hospitals have agreements with DOH and DSHS to deliver services to low income women and high risk infants through the First Steps program. In 2005:

- The First Steps Maternity Support Services program served 27,909 pregnant and postpartum women with an average of 7.8 visits each.
- The First Steps Infant Case Management program served 8,807 newborns and their families with an average of 4.7 visits per family.
- The combined cost of Maternity Support Services and Infant Case Management Services was about \$25 million.

The Maternal and Infant Health Section within the Office of Maternal and Child Health works to protect and improve the health of women and ensure infants a healthy start.

Projects focus on assessing maternal and infant health status and providing access to comprehensive services for women before, during, and after pregnancy and for infants.

### Activities

- Contract with four designated regional perinatal centers with the aim of reducing poor pregnancy outcomes for which Medicaid clients are at greater risk than the general population.
- Provide clinical services and consultation through community health nurses, dietitians, behavioral health specialists, and community health workers within the Maternity Support Services program.
- Support the operation of the toll-free Family Health Hotline and other outreach activities through a contract with WithinReach.
- Contract with 35 local health jurisdictions and the Yakima Valley Medical Center for maternal and infant health-related activities including health assessments, policy development, and activities to ensure access to services.
- Provide coordination within the Department of Health's Division of Community and Family Health on women's health issues such as osteoporosis, violence, and health promotion.
- Work on policies related to maternal and infant health such as those that address drug use during pregnancy, reducing the transmission of HIV to newborns, unintended pregnancy, and tobacco cessation.
- Provide consultation and technical assistance to contractors, health care providers, other government agencies, and other health related entities.



### 2005-07 Funding and Staffing

Funding for services comes from a variety of sources including the State General Fund, the Maternal and Child Health Block Grant (Title V), and Medicaid (Title XIX).

Maternal and Infant Health staff include a section manager, a Maternity Support Services coordinator, three public health nurse consultants, a nutrition consultant, a health educator, a behavioral health specialist, a budget and contract coordinator, a health services consultant, and administrative support staff.

The Maternal and Infant Health Section also co-administers the Maternity Support Services program with the Department of Social and Health Services.

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### Activities continued

- Assess the ability of all women to obtain maternity care services with a focus on low-income and Medicaid-eligible women.
- Develop and distribute guidelines for prenatal substance abuse prevention and intervention, smoking cessation, violence prevention, and HIV infection management.
- Other functions include training, interpreting, and monitoring state and federal guidelines, planning and evaluation, acting as a liaison among interested groups, working with other state agencies to coordinate services, and serving as a resource for educational materials.

### Outcomes and Benefits

- Infant mortality rates have significantly improved over the past few years.
- Low birth weight rates in Washington have remained relatively constant while national rates have increased.
- The percentage of low-income women receiving inadequate prenatal care has decreased since the implementation of the First Steps program. Overall, utilization of prenatal care has improved since 1989.

### Trends and Emerging Issues

- Stabilizing the maternity care delivery system is an ongoing challenge in light of increasing access issues for prenatal care and support services.
- Improving prenatal standards of care to include universal prenatal screening for drug and alcohol use, HIV, smoking cessation, and domestic violence is a high priority.
- Addressing significant disparities among Native American, African-American, and low-income women, and teens remains important.
- Improving the health of women before they become pregnant is increasingly recognized as one of the most important factors in healthy birth outcomes.